

Cahoy Dec. Ex. 76

**UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF CALIFORNIA**

**SURGICAL INSTRUMENT SERVICE COMPANY,
INC.,**

**Plaintiff/Counterclaim
Defendant,**

v.

INTUITIVE SURGICAL, INC.,

**Defendant/Counterclaim
Plaintiff.**

Case No. 3:21-cv-03496-VC

EXPERT REPORT OF MAXWELL V. MENG, MD

January 18, 2023

Highly Confidential – Subject to Protective Order

I. EXPERTISE AND QUALIFICATIONS

1. I am a board-certified, fellowship-trained surgeon currently practicing medicine in San Francisco, California. I specialize in urology and urologic oncology and have been in practice for 20 years.

2. I received an undergraduate degree from Harvard College in biochemical sciences magna cum laude. I then attended the Johns Hopkins School of Medicine where I was elected to the Alpha Omega Alpha Honor Medical Society.

3. I completed training in general surgery and a residency in urology at the University of California, San Francisco (“UCSF”). I completed my fellowships in urologic oncology and minimally invasive surgery at UCSF. I am now Professor in Residence in the Department of Urology at UCSF and was named Chief of Urologic Oncology in 2013. I was director of the fellowship in Urologic Oncology for 15 years and am currently Vice-Chair of the Department of Urology; I have also served as the lead for Quality and Safety within the department. I am a member of the UCSF Clinical Performance Improvement Committee and Healthcare Technology Assessment Program.

4. I also teach at UCSF, including courses on minimally invasive techniques in the management of urologic cancers.

5. I am an active member of the American Urological Association (AUA), an active member of the Western Section of the AUA, an active member of the Society of Urologic Oncology, and a fellow of the American College of Surgeons. I was a member of the Fellowship Committee of the Society of Urologic Oncology and was also a consultant to the AUA Laparoscopy & Robotic Surgery Committee. I am the UCSF Cancer Liaison Physician for the American College of Surgeons Commission on Cancer and was a 2022 Outstanding Performance Award winner.

6. I have written nearly 200 peer-reviewed publications and over 18 chapters covering many aspects of oncology, minimally invasive surgery, and surgical technique.

7. I have been trained in and currently perform the entire spectrum of operations in urologic oncology, including those that involve endoscopic, open, laparoscopic, and robotic-assisted laparoscopic techniques. I have utilized available robotic-assisted laparoscopic systems since their introduction to UCSF in 2002, including the da Vinci S, Si, Xi, and SP platforms. In each of my 20 years in practice, I have performed nearly 400 cases annually, and currently approximately half of my practice involves laparoscopic or robotic surgery.

8. In the past four years, I have testified at deposition as an expert in the cases of *Chapman v. United States of America*, No. 19-cv-03998 (S.D. Ind.), *Meyer v. Doctors Medical Center of Modesto Inc.*, No. CV-20-001594 (Stanislaus Cty. Sup. Ct.), and *Toomey v. Wen*, No. RG20061120 (Alameda Cty. Sup. Ct.).

9. A complete summary of my qualifications, as well as a list of all publications I have authored in the past 10 years, is included in my Curriculum Vitae, attached as Appendix A.

II. ASSIGNMENT AND COMPENSATION

10. I am submitting this report at the request of counsel for Intuitive Surgical, Inc. (“Intuitive”), setting forth my opinions in the lawsuit of *Surgical Instrument Service Company, Inc. v. Intuitive Surgical, Inc.*

11. I have been asked to opine on the use of EndoWrist instruments that have been altered so that they could be used beyond the usage limits that were established by Intuitive and cleared by the FDA, and the potential risks and safety issues that could arise from the use of such an instrument.

12. In forming my opinions, I have reviewed pleadings in this case and parts of the factual record. I have also reviewed the expert reports submitted by Dr. Amandeep Mahal in this

case, by Dr. Eugene Rubach in *In re Da Vinci Surgical Robot Antitrust Litigation*, and by Dr. John Bomalaski in several cases filed against Intuitive in Florida.¹

13. A list of materials I considered in forming my opinions in this report is attached as Appendix B. My opinions are based on my review of these materials, as well as my extensive training and experience.

14. I am being compensated for my time spent in preparing this report at an hourly rate of \$750. If deposed, my rate is \$750 per hour. If asked to testify at trial, my rate is \$6,000 per day. My compensation does not depend on the content of my opinions or the outcome of this matter.

III. SUMMARY OF OPINIONS

15. Laparoscopic surgery and robotic-assisted laparoscopic surgery are both types of minimally invasive surgery. For most procedures, the surgeon and patient have a choice of modalities, including open, laparoscopic, or robotic approaches. There is no one “right” modality for every procedure. Rather, the surgeon and patient consider the potential advantages and disadvantages of each approach as relevant to the patient’s specific circumstances and surgeon experience. In my experience, I frequently use a traditional laparoscopic approach instead of robotic-assisted laparoscopic surgery for some procedures.

16. EndoWrists are the surgical instruments that are attached to a da Vinci surgical robot. I understand Intuitive established, and the FDA cleared, limits on how many times EndoWrists may be used. I understand Intuitive designed these limits to support the reliability of EndoWrists such that an EndoWrist can be expected to perform in the same manner on each use.

¹ *Rebotix Repair LLC v. Intuitive Surgical, Inc.*, No. 20-cv-2274 (M.D. Fla); *Restore Robotics LLC, et al. v. Intuitive Surgical, Inc.*, No. 19-cv-55 (N.D. Fla).

17. I rely on the judgment and expertise of Intuitive and the FDA to set appropriate limits for the use of EndoWrists. I do not have the technical engineering background or expertise to question those limits. For that reason, I would not use EndoWrist instruments that had been altered so that they could be used beyond the number of uses established by Intuitive and cleared by the FDA.

18. In my view, the fact that I have rarely experienced EndoWrist failure indicates that the current and FDA-cleared usage limits support the reliability of EndoWrists.

19. [REDACTED]

[REDACTED] I do not agree with how Dr. Mahal arrived at this view.

20. For example, [REDACTED]

21. In addition, [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

IV. MINIMALLY INVASIVE MODALITIES

22. Traditional open surgery refers to the type of procedure where access to the area of interest and performance of the operation is done via an incision in the skin, and the area of interest is visualized directly. The incisions required for open surgery can be sizeable for some operations, but can also be relatively small (e.g. one inch) for other operations. Open surgery is typically performed by the surgeon with their hands directly on and manipulating the instruments.

23. Minimally invasive surgery is a type of intervention where the incision(s) or entry to the body are minimized to perform the procedure or operation. In order to perform these types of operations, visualization is accomplished by small video camera-equipped scopes as well as small, specialized instruments. Minimally invasive surgery most often refers to endoscopic procedures (e.g. colonoscopy, cystoscopy) or laparoscopic procedures (endoscopy within the abdomen), described below. In general, minimally invasive operations mimic the same traditional open procedure with respect to what is actually done, albeit with the difference in the means of access.

24. Laparoscopic surgery is one type of minimally invasive surgery. Traditional laparoscopy involves the use of a laparoscope and long surgical instruments introduced into the body (i.e. abdomen) through trocars (narrow tubes) inserted via incisions made on the patient's body surface. A laparoscope is a long, tube-shaped instrument containing a video camera and light source, which allows the surgeon to see inside the patient's body. During laparoscopic

surgery, the surgeon observes the video feed, typically on a monitor, and directly manipulates the instruments to accomplish the surgery.

25. Standard laparoscopic instruments are long, straight, and rigid instruments which are used to perform a particular function. Common laparoscopic instruments include graspers, scissors, energy-delivery devices, and needle drivers.

26. Robotic surgery is also a type of minimally invasive surgery, and I typically refer to this as robotic-assisted laparoscopic surgery. When conducting robotic surgery using a da Vinci surgical robot, the robot's arms hold and manipulate EndoWrist instruments. The instruments are similarly inserted into the body through trocars, including one containing the camera and light source (analogous to the laparoscope). The surgeon conducting robotic-assisted laparoscopic surgery sits at the surgeon console, where the surgeon views the camera feed through a three-dimensional, high-definition vision system and manipulates the EndoWrists remotely using the master hand controls.

27. EndoWrist instruments are "wristed" instruments, meaning the distal ends of the instruments can move independently of the shaft and provide more degrees of freedom than traditional laparoscopic instruments. EndoWrists are typically designed to allow the surgeon to perform actions or functions similarly as with laparoscopic instruments, such as grasping or cutting, but with a greater degree of dexterity and precision given their wristed structure.

V. CHOICE OF MODALITY

28. For most procedures, the surgeon and patient have a choice of modalities, including open, laparoscopic, or robotic approaches. Examples of this in urologic oncology include removal of the prostate for cancer (radical prostatectomy) and removal of a portion of the kidney for cancer (partial nephrectomy); these are two of the most common operations I perform.

The choice of modality is typically discussed with the patient as part of obtaining the patient's informed consent to the surgical procedure.

29. Minimally invasive surgery may offer several advantages compared with open surgery. Some of these advantages include smaller incision size, less pain, shorter duration of hospitalization, and fewer complications after surgery (e.g., infection).

30. Among minimally invasive modalities, robotic surgery often offers certain advantages over laparoscopic surgery. These include the ability to perform more complex operations, enhanced visualization during surgery, and shorter operative time.

31. However, there are some procedures or situations where a surgeon or patient may prefer laparoscopic or open surgery over a robotic surgery. For example, I typically perform removal of the entire kidney for cancer (radical nephrectomy) via the laparoscopic approach because I do not see added benefit of using the robot.

VI. USE OF ALTERED ENDOWRISTS

32. All instruments, including laparoscopic instruments and EndoWrists, wear down over time—and that can present risks to patients. If the instruments do not function properly or as intended by the surgeon, then this can lead to unintentional actions which can cause injury to tissue or may cause bleeding, or prevent the surgeon from efficiently performing an action.

33. I am familiar with the use limits on EndoWrists. Many EndoWrists are limited to 10 uses, but some instruments have been cleared for more uses and some for fewer. I understand those limits were established by Intuitive, informed by Intuitive's testing, and cleared by the FDA. I also understand those usage limits are in place to support the reliability of EndoWrists and reduce the risk of EndoWrist failures. As such, the use limits have been designed with patient safety in mind.

34. My top priority in all procedures and circumstances, and in my experience the top priority of all professional surgeons, is the safety of patients. Part of my commitment to patient safety means using medical instruments consistent with their manufacturers' instructions and FDA clearance.

35. I do not have the technical engineering background or expertise to "second guess" the EndoWrist usage limits established by Intuitive and cleared by the FDA. I rely on the judgment and expertise of Intuitive and the FDA to set appropriate limits for those devices.

36. For that reason, I would not use EndoWrist instruments that had been altered so that they could be used beyond their number of FDA-cleared uses.

37. I have experienced very few failures of an EndoWrist, and this clinical experience suggests that using them in accordance with manufacturer guidelines and FDA clearance is appropriate and maximizes patient safety. In other words, the fact that EndoWrists fail very rarely indicates to me that Intuitive has established and the FDA has cleared usage limits that support the reliability of EndoWrists.

38. Even if I were interested in using an EndoWrist that had been altered so that it could be used beyond its number of FDA-cleared uses—and I am not—I am confident that my medical center would not allow me to do so currently because these devices do not have FDA clearance for use with the robot.

39. I understand that there are third party companies that offer a service to "reset" EndoWrists by resetting the use counter in such instruments so that they could be used beyond the FDA-cleared number of uses. I further understand that the process those companies use to reset EndoWrists to add additional uses requires FDA clearance, but that the FDA has not provided that clearance. I understand that the FDA only recently granted clearance for a company to perform one reset (i.e., adding 10 uses) to one EndoWrist instrument (Si Monopolar

Curved Scissors). For all other instruments, and all other companies, the fact that this “reset” process has not been cleared by the FDA is the reason I would not use an EndoWrist that had been reset by one of these companies so that it could be used beyond the FDA-cleared number of uses. I have never personally engaged in discussions with any of these companies to discuss the use of reset EndoWrists at our institution, and I am not aware of the leadership of our medical center ever considering or pursuing this option.

40. [REDACTED]

[REDACTED] I do not agree with how he arrives at this view [REDACTED]

A. Risks to Patient Safety

41. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]²

42. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

² Mahal Report at ¶ 61.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

43. For these reasons, [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

44. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

B. Comparison to Reprocessing of Laparoscopic Instruments

45. In addition, [REDACTED]

[REDACTED]

[REDACTED]

46. [REDACTED]

[REDACTED]³

47. [REDACTED]

[REDACTED]

³ Mahal Report at ¶ 74.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] I would not use a reset EndoWrist

where neither the resetting process nor the resulting reset instrument was cleared by the FDA.

48. In a hypothetical scenario where I intended to use an EndoWrist instrument that had been altered to operate beyond its FDA-cleared number of uses—and, as set forth above, I cannot image such a scenario—I would feel obligated to disclose this information to my patient in advance in order to obtain the patient’s informed consent. In addition, and as I said above, I cannot envision a scenario where my medical center would permit me to use such an instrument.

I declare under penalty of perjury that the foregoing is true and correct. Executed this 18th day of January 2023, at San Francisco, California.

Maxwell V.
Meng

Digitally signed by Maxwell V.
Meng
DN: cn=Maxwell V. Meng, o, ou,
email=max.meng@ucsf.edu,
c=US
Date: 2023.01.18 22:21:53 -08'00'

Maxwell V. Meng, MD

APPENDIX A**CURRICULUM VITAE**

Name: Maxwell V Meng, MD

Position: Professor In Residence, Step 4
Urology
School of Medicine

Address: Box 1695
550 16th Street 6th Floor
University of California, San Francisco
San Francisco, CA 94143
Voice: 415-353-9518
Fax: 415-353-7093
Email: max.meng@ucsf.edu

EDUCATION

1987 - 1991	Harvard College, Cambridge, MA	A.B.	Biochemistry
1991 - 1995	Johns Hopkins School of Medicine, Baltimore, MD	M.D.	AOA
1995 - 1996	University of California San Francisco	Intern	Surgery
1996 - 1997	University of California San Francisco	Resident	Surgery
1997 - 2000	University of California San Francisco	Resident	Urology
2000 - 2001	University of California San Francisco	Chief Resident	Urology
2001 - 2002	University of California San Francisco	Fellow	Laparoscopy
2001 - 2003	University of California San Francisco	Fellow	Oncology

LICENSES, CERTIFICATION

1997	State of California, Medical License #A062995 (active)
2001	DEA Controlled Substance Registration #BM7337478 (active)
2004	Diplomate of the American Board of Urology #14773 (active, re-certification until 2034)
2010	State of California, Fluoroscopy Supervisor and Operator #RHC 00169278 (active)

PRINCIPAL POSITIONS HELD

2001 - 2003	University of California San Francisco	Clinical Instructor	Urology
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2003 - 2007	University of California San Francisco	Assistant Professor	Urology
2007 - 2013	University of California San Francisco	Associate Professor	Urology
7/2013 - present	University of California San Francisco	Professor	Urology

OTHER POSITIONS HELD CONCURRENTLY

2001 - present	San Francisco Veterans Hospital	Attending Surgeon	Urology
2001 - present	San Francisco General Hospital	Attending Surgeon	Urology

HONORS AND AWARDS

1987	Westinghouse Science Talent Search, 7th Place	
1991	Magna cum laude	Harvard College
1992	NIH Research Fellowship	
1994	AFUD Research Award	
1995	Alpha Omega Alpha, Johns Hopkins	
1998	Second Prize	Northern California Urology Residents Seminar
1998	SMRU Traveling Award	
1998	Finalist	SMRU/ASRM Paper Competition
1998	First Prize	Posters, Western Section AUA
1999	Third Prize	Northern California Urology Residents Seminar
2001	Pfizer Scholar in Urology	
2002	3rd Place, Western Section AUA	Joseph F. McCarthy Essay Contest
2002	Prostate Cancer Research Fellow	
2004	William R. Smart Distinguished Teaching Award (selected by residents)	
2004	3rd Place, Western Section AUA	Joseph F. McCarthy Essay Contest
2004	Third Prize, Posters	Western Section AUA
2004	AUA/NIDDK travel award	

2004	William R. Smart Distinguished Teaching Award (selected by residents)	
2005	Excellence in Direct Teaching	Haile Debas Academy of Medical Educators
2006	Ambrose/Reed Socioeconomic Prize Essay winner (AUA)	
2006	AUA Leadership Program (1 of 16 selected nationally biennially)	
2006	2nd Place, Western Section AUA (mentor)	Miley B. Wesson Essay Contest
2008	AUA-EAU Fellowship Exchange program (1 of 3 biennially)	
2008	Ambrose/Reed Socioeconomic Prize Essay winner (AUA)	
2010	Excellence in Direct Teaching Award (nominee)	
2011	1st place, Western Section AUA (mentor)	Joseph F. McCarthy Essay Contest
2011	Top reviewer (one of 13 worldwide)	British Journal of Urology International
2011	Excellence in Direct Teaching (nominee)	
2011	William R. Smart Distinguished Teaching Award (selected by residents)	
2014	Top reviewer	Journal of Urology
2015	Peter R. Carroll Resident Mentorship Award (selected by residents, inaugural)	
2022	Cancer Liaison Physician Outstanding Performance Award	American College of Surgeons

CLINICAL ACTIVITIES

CLINICAL ACTIVITIES SUMMARY

Over the past 20 years I have maintained a busy practice in urologic oncology, primarily consisting of management of patients with prostate, urothelial, renal, and testicular carcinomas. I have collaborated closely with colleagues in both medical oncology and radiation oncology in providing a multidisciplinary approach to these complex cases. In addition, much of my time has been committed to the teaching of residents in urology and fellows in urologic oncology.

CLINICAL SERVICES

2001 - present	Attending Surgeon, Division of Urology, SFVA Hospital	As needed
2001 - present	Attending Surgeon, Department of Urology, ZSFGH	1 day per month
2003 - present	Attending Surgeon, Department of Urology, UCSF	Full-time

PROFESSIONAL ACTIVITIES**MEMBERSHIPS**

1991 - present Harvard Alumni Association

1995 - present Johns Hopkins Alumni Association

1998 - 2001 American Society of Reproductive Medicine

2001 - present American Association of Clinical Urologists

2003 - present Western Section AUA, Member

2003 - present Society of Laparoendoscopic Surgeons

2004 - present American Urological Association, Member

2005 - present American College of Surgeons, Fellow

2006 - present Society of Urologic Oncology

2012 - present Society of University Urologists, Member

2017 - present Western Urologic Forum, Member

SERVICE TO PROFESSIONAL ORGANIZATIONS

2006 - 2006	World Congress of Endourology	Abstract reviewer
2007 - 2009	Board of Directors of the Western Section AUA	Alternate (2 year term)
2007 - 2007	AUA Laparoscopy & Robotic Surgery Committee	Consultant
2007 - 2011	Northern California Urological Society	Secretary
2009 - 2011	Board of Directors of the Western Section AUA	Region representative
2008 - 2011	Cancer and Leukemia Group B GU Committee	Member
2010 - 2011	Cancer and Leukemia Group B Surgery Committee	Member
2011 - 2012	Northern California Urological Society	President
2011 - present	Alliance for Clinical Trials in Oncology GU Core Committee	Member, Renal surgical cadre leader
2011 - present	Alliance for Clinical Trials In Oncology Surgery Committee	Member

2011 - present	American College of Surgeons, Clinical Research Program Education Committee	Member
2012 - present	American College of Surgeons	Candidate interviewer
2012 - 2014	Northern California Urological Society	Board member
2012 - 2016	Society of Urologic Oncology	Fellowship committee
2012 - present	Bladder Cancer Advocacy Network	Think tank invitee
2013 - present	Bladder Cancer Advocacy Network	Scientific Advisory Board
2015 - present	Cancer.net (website for ASCO)	Genitourinary cancer advisory panelist
2016 - 2020	American Board of Urology	Examination committee member
2021 - present	American Board of Urology	OKAT examination committee member
2023 - present	American Board of Urology	Oral examination committee member

SERVICE TO PROFESSIONAL PUBLICATIONS

2001 - present	Journal of Urology - ad hoc reviewer
2001 - present	Urology - ad hoc reviewer
2001 - present	Journal of Endourology - ad hoc reviewer
2002 - present	Cancer Investigation - ad hoc reviewer
2003 - present	Asian Journal of Andrology - ad hoc reviewer
2003 - present	Clinica Chimica Acta - ad hoc reviewer
2004 - present	Annals of Surgical Oncology - ad hoc reviewer
2004 - present	Urologic Oncology: Seminars and Original Investigation - ad hoc reviewer
2004 - present	Surgical Laparoscopy Endoscopy & Percutaneous Techniques - ad hoc reviewer
2005 - present	BioMed Central Urology - ad hoc reviewer
2005 - present	American Journal of Transplantation - ad hoc reviewer
2006 - present	European Urology - ad hoc reviewer
2006 - present	British Journal of Urology International - ad hoc reviewer
2007 - present	Journal of Medical Case Reports - ad hoc reviewer

2007 - present Indian Journal of Urology - ad hoc reviewer

2008 - present Human Reproduction - ad hoc reviewer

2008 - present Clinical Medicine - Oncology - ad hoc reviewer

2008 - present UroToday International Journal - ad hoc reviewer

2010 - present Cancer - ad hoc reviewer

2011 - present Journal of Clinical Oncology - ad hoc reviewer

2011 - present European Urology - ad hoc reviewer

2012 - present PLoS One - ad hoc reviewer

2003 - present Commentator, American Journal of Urology Review (Editorial)

2004 - present Commentator, Abstracts in Hematology and Oncology (Editorial)

2006 - present Associate Editor, Advances in Urology (Editorial)

2009 - present Editorial Board, Case Reports in Medicine (Editorial)

2009 - present Commentator, MedPage Today (Editorial)

2011 - present Associate Editor, Urologic Oncology (Editorial)

2012 - present Editorial Board, Dataset Papers in Medicine (Editorial)

2013 - present Editorial Board, British Journal of Urology International (Editorial)

2013 - present Editorial Board, Urologic Oncology Clinical Survey Section (Editorial)

2015 - 2019 Assistant Editor, Journal of Urology (Editorial)

2016 - present Editorial Board, Bladder Cancer (Editorial)

INVITED PRESENTATIONS - INTERNATIONAL

2006	Laparoscopic Surgery in Urology Gazi University, Ankara, Turkey	Visiting Professor
2008	2nd International Symposium on Renal Insufficiency Tokyo, Japan	Speaker and panel member
2016	Great Wall International Translation Andrology and Urology Forum Tianjin, China	Speaker
2019	AUA-AUSTEG BLUS Course Bangkok, Thailand	Course faculty

INVITED PRESENTATIONS - NATIONAL

2002	Society of Urologic Oncology, NIH speaking on Open radical prostatectomy for prostate cancer
2002	Western Section American Urological Association, Hawaii: Laparoscopy in Urology Session

2003	Western Section American Urological Association, Las Vegas: Kidney/Laparoscopy Session	Co-Moderator
2004	Western Section American Urological Association, San Diego: Postgraduate course, Urolithiasis: Medical and Surgical Management	Instructor
2004	Western Section American Urological Association, San Diego: Controversies in Urinary diversion	Panel member
2005	Western Section American Urological Association, Vancouver, BC: KidneyBladder/Urethra Session	Co-moderator
2005	American Urological Association Annual Meeting: Post-graduate course (Laparoscopic Complications) (2005-2006)	Co-director
2006	University of California San Francisco: Current Controversies in Urologic Oncology	Course Director
2006	Western Section American Urological Association, Hawaii: Kidney/Laparoscopy Session	Co-moderator
2007	Western Section American Urological Association, Scottsdale: Prostate Session and Bladder Session	Co-Moderator
2008	American Society of Nephrology; Prostate Cancer and the Transplant Patient	Invited speaker
2008	American College of Surgeons, San Francisco	Moderator
2009	James C. Kimbrough Urological Seminar	Invited speaker
2010	Western Section American Urological Association, Hawaii: Postgraduate course, Testis and Penile Cancer	Instructor
2010	Western Section American Urological Association, Hawaii: DVD Surgi-Session	Moderator
2010	American College of Osteopathic Surgeons	Invited speaker
2010	University of California San Francisco: Innovations in Urologic Oncology: Bladder Cancer - What's New, What's Needed, What's Next	Co-director
2011	Western Section American Urological Association, Vancouver, BC: DVD Surgi-Session	Moderator
2012	GU ASCO, San Francisco: Competing Risks and Treatment Trade-Offs: Kidney Cancer in the Vulnerable Patient	Invited speaker
2012	American College of Surgeons, San Francisco	Moderator
2012	International Symposium on Uro-Oncology, Roswell Park Cancer Institute: Active Surveillance	Invited speaker

2012	Western Section American Urological Association, Hawaii: Postgraduate course, Treatment of Locally Advanced Prostate Cancer -- Surgery or Radiation?	Invited speaker
2013	GU ASCO, Orlando, FL: Poster walk leader for Bladder Cancer	Invited faculty
2013	University of California San Diego Department of Urology Post-graduate Course	Invited speaker
2015	University of California Davis Department of Urology	Visiting professor
2017	Kidney Cancer Association Annual Meeting	Invited speaker
2017	American Urological Association Annual Meeting, Boston MA: Prostate Cancer session	Moderator
2018	Society of Urologic Oncology, AUA Meeting	Moderator
2020	GU ASCO, San Francisco, CA: Kidney Cancer Case-Based Panel	Invited faculty

INVITED PRESENTATIONS - REGIONAL AND OTHER INVITED PRESENTATIONS

2000	UCSF Postgraduate Course. Laparoscopic Urologic Surgery Specimen retrieval in laparoscopic surgery	
2000	UCSF Urologic Laparoscopy Course (2000-2004)	Instructor
2001	Kaiser Permanente Laparoscopy Course	Instructor
2003	UCSF Postgraduate Course. Urologic Oncology: Rational approach to stage I testis cancer, Management of high-risk bladder cancer	
2003	UCSF Postgraduate Course, Department of Medicine: Prostate cancer screening	
2004	UCSF Postgraduate Course: Topical hemostatics in laparoscopy	
2004	UCSF Primary Care: Prostate cancer screening	
2004	UCSF-Fresno Grand Rounds, Department of Medicine - Evaluation of Hematuria	
2005	UCSF Postgraduate Course. Urologic Oncology: Prostate cancer prevention trials Intravesical therapy for bladder cancer	
2006	UCSF Postgraduate Course. Common problems in urology: Shock-wave lithotripsy vs. ureteroscopy for renal stones Surveillance for small, incidental renal masses High-risk stage I non-seminomatous germ cell tumors	
2006	Northern California Genitourinary Tumor Board, Napa	Panel member

2006	Northern California Urological Resident Research Seminar	Moderator and organizer
2007	UCSF Postgraduate Course: When is laparoscopic RPLND indicated?	Director
2007	UCSF Grand Rounds, Department of Urology - Update in Testicular Cancer	
2009	UCSF Postgraduate Course:Supplements: Implications of SELECT	Moderator
2010	UCSF Postgraduate Course. Innovations in urologic cancer: bladder cancer; Radical cystectomy: strategies to reduce perioperative morbidity	Co-director and moderator
2010	Bladder Cancer Support Group: Radical cystectomy	
2012	UCSF Grand Rounds, Department of Urology - "Advanced" Surgery for Renal Cell Carcinoma	

GOVERNMENT AND OTHER PROFESSIONAL SERVICE

2006 - 2006	Department of Defense Prostate Cancer Research Program	Grant review committee
2009 - 2009	Department of Defense Prostate Cancer Research Program (Detection, Diagnosis, and Prognosis)	Grant review committee
2010 - 2010	Department of Defense Prostate Cancer Research Program (Exploration-Hypothesis Development Award, Pathobiology)	Scientific reviewer
2010 - 2010	Department of Defense Prostate Cancer Research Program (IDEA and Synergistic Idea Development Awards)	Scientific reviewer
2011 - 2011	Department of Defense Prostate Cancer Research Program (Detection, Diagnosis, and Prognosis)	Grant review committee
2012 - 2012	Department of Defense Prostate Cancer Research Program (Prevention, Treatment and Epidemiology)	Scientific reviewer
2013 - present	Bladder Cancer Advocacy Network Young Investigator Awards	Scientific reviewer
2013 - present	American College of Surgeons Commission on Cancer	Cancer Liaison Physician

UNIVERSITY AND PUBLIC SERVICE

SERVICE ACTIVITIES SUMMARY

I have had an increasing leadership role within the Medical Center, with an emphasis on quality of care, addressing issues relevant for the clinical faculty, and ensuring a seamless transition of Cancer Center activities to the Mission Bay campus in 2015. I am also involved in

improving the operations and efficiency in the operating room arena. In addition, I continue to run the fellowship in urologic oncology and have increased the educational activities and improved inter-disciplinary interactions. I also serve as a consultant regarding urologic and urologic oncology issues to local organizations.

UCSF CAMPUSWIDE

2006 - present	Healthcare Technology Assessment Program, UCSF	Committee member
2008 - 2010	Clinical Affairs Committee, UCSF	Committee member
2010 - 2011	Clinical Affairs Committee, UCSF	Vice-chair
2011 - 2012	Clinical Affairs Committee, UCSF	Chair
2012 - 2013	Clinical Affairs Committee, UCSF	Committee member
2009 - 2014	Tissue Committee, UCSF	Committee member
2009 - 2014	Contracting Committee, UCSF	Committee member
2011 - 2013	Senate Membership Task Force, UCSF	Committee member
2014 - present	Payer Partnerships Committee	Co-chair

SCHOOL OF MEDICINE

2003 - present	Genitourinary Oncology Protocol Review Committee	Committee Member
2012 - present	Surgical Care Improvement Project	Committee Member

DEPARTMENTAL SERVICE

2004 - present	Elective in Urologic Oncology (140.06), UCSF	Course co-director
2006 - 2007	Urologic Oncology Fellowship, UCSF	Assistant Director
2007 - present	Urologic Oncology Fellowship, UCSF	Director
2009 - present	Quality Improvement	Department champion
2017 - 2021	Quality and Safety	Associate Chair
2021 - present	UCSF Department of Urology	Vice-chair

COMMUNITY AND PUBLIC SERVICE

2003 - 2019	Regional Cancer Foundation	Volunteer consultant
2004 - 2019	Glide Health Clinic/Glide Memorial Church	Volunteer physician and consultant, Organizer of yearly prostate cancer screening program

PEER REVIEWED PUBLICATIONS

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Appendix B

Materials Considered

Case Documents

Pleadings

- Complaint, *Surgical Instrument Service Co., Inc. v. Intuitive Surgical, Inc.*, No. 3:21-cv-03496-VC (ECF 1) (May 10, 2021)
- Consolidated Amended Class Action Complaint, *In re: da Vinci Surgical Robot Antitrust Litigation*, Lead Case No. 3:21-cv-03825-VC (ECF 52) (Sept. 9, 2021)

Expert Reports

- *In re: da Vinci Surgical Robot Antitrust Litigation*, Lead Case No. 3:21-cv-03825-VC
 - Expert Report of Dr. Eugene Rubach (Dec. 1, 2022)
- *Surgical Instrument Service Co., Inc. v. Intuitive Surgical, Inc.*, No. 3:21-cv-03496-VC
 - Expert Report of Dr. Amandeep Mahal (Dec. 1, 2022)
- *Restore Robotics LLC v. Intuitive Surgical, Inc.*, Case No. 5:19-cv-55-TKW-MJF
 - Expert Report of Dr. John Bomalaski (Aug. 20, 2021)
- *Rebotix Repair, LLC v. Intuitive Surgical, Inc.*, Case No. 8:20-CV-02274
 - Expert Report of Dr. John Bomalaski (July 26, 2021)

Produced Documents

- Intuitive-00725731-748